	Ettective on 12/08/2004.	Complete If Known				
FEE TRANSMITTAL		Application Number	9/508,869			
	FEE I RANSIVII I AL	Filing Date	September 13, 2000			
	for FY 2006	First Named Inventor	Thomas Anthony Stahl, et al. Hai V. Tran			
2	FEB 2 7 2006 山	Examiner Name				
ले	Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2611			
1	TOTAL AMOUNT OF PAYMENT (\$) \$300	Attorney Docket No.	RCA 88761			

TOTAL AMOUNT C	FRAMENI	(\$) \$300		Attorney Docket No.	1 HCX 8876	, i			
METHOD OF PAYMENT	check all that ap	oply)							
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identity): Customer Number 24498									
Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING INC. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee									
☑ Charge any additional fee(s) or underpayments of ☑ Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
	FILING	Small Entity	SEAF	Small Entity	EXAM	INATION FEE <u>Sr</u>	nall Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee	(\$) Fees Paid (\$)		
Utility	300	150	500	250	200	10	00		
Design	200	100	100	50	130	. 6	55		
Plant	200	100	300	150	160	. 8	10		
Reissue	300	150	500	250	600	30	00		
Provisional	200	100	· O	0	0	(0		
2. EXCESS CLAIM F	EES			•		S	imali Entity		
Fee Description	•					Fee (\$)	Fee (\$)		
Each claim over 20 (incl	uding Reissues)				50	25		
Each independent claim	over 3 (including	ng Reissues)				200	100		
Multiple dependent clain	ns					360	180		
Total Claims	<u>E</u> >	tra Claims	Fee (\$)	Fee Paid (\$)		Multiple De	ependent Claims		
- 20 HP = highest number of	or HP =	X	20	=		Fee (\$)	Fee Paid (\$)		
HP = nignest number of	total claims pai	d loi, ii greater tila	iii 20.						
Independent Claims		tra Claims	Fee (\$)	Fee Paid (\$)					
- 3 HP = highest number of	or HP = independent cl	aims paid for, if gre	eater than 3.			•			
3. APPLICATION SI	ZE FEE								
If the specification ar	nd drawings e	xceed 100 sheet	ts of paper (ex	cluding electronically	filed sequer	nce or comp	uter		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Sh	eets <u>Nu</u>	mber of each	additional 50 or fra	ction there	of Fee (\$)		
- 100 =		/ 50 =	(ro	und up to a whole nu	mber) x		=		
		_	`	•		•			
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specific	ation, \$130 fe	ee (no small entit	ty discount)						
Other (e.g., late filing surcharge): Petition for One-Month Extension of Time (\$120) and Supplemental IDS (\$180) \$300.00									
SUBMITTED BY									
	PAUL P. KIEL		Registration No. (Attorney/Agent)	40,677	Tell	aphone	(609) 734-6815		
Name (Print/Type)	200		(Automey/Agent)	40,077			-/-/		
Signature	120	no			Dat	·	2/23/06		

SUBMITTED BY									
Name (Print/Type)	PAUL P. KIEL	Registration No. (Attorney/Agent)	40,677	Telephone	(609) 734-6815				
Signature	GOPM	Q		Date	2/23/06				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing his burden, should be sent to the CFPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing his burden, should be sent to the CFPTO. The will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing his burden, should be sent in the CFPTO. The suggestion is suggested by the complete of the complete the complete the complete the complete of the complete